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CONFIRMATION NO. 8910

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|--|---|----------------------------------|---|---|
| SERIAL NUMBER 10/534,847 | FILING OR 371(c) DATE 11/04/2005 RULE | CLASS 004 | GROUP ART UNIT 3751 | ATTORNEY DOCKET NO. 229/1/059 |
| APPLICANTS Albert Fernandez Mateu, Sant Feliu de Guixols, SPAIN, Deceased; Raquel Fernandelz Escortell, Salt (Girona), SPAIN, Legal Representative; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/ES03/00579 11/14/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** SPAIN U200202786 11/19/2002 | | | | |
| ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY SPAIN | SHEETS DRAWING 1 | TOTAL CLAIMS 1 |
| INDEPENDENT CLAIMS 1 | | | | |
| ADDRESS 170 | | | | |
| TITLE Disposable protector for the seat ring or upper part of a toilet | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |